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# Exploring Adoption of Inclusive Home-Based Early Childhood Development and Learning in Marginalised Rural Communities in Zimbabwe

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Published: 5 October 2022

## Abstract

Zimbabwe adopted a policy for compulsory enrolment of 3 to 5 year-olds in ECD 'A' and 'B' grades in primary schools. However, some eligible children are not attending these classes for reasons which include poverty, disability and lack of special education needs constituting marginalisation. The current study sought to evaluate community knowledge about inclusive home-based Early Childhood Development programmes, assess rural communities' attitudes towards the establishment of inclusive home-based ECD programmes and identify practices that can be used to sustain inclusive home-based ECD programmes in selected rural communities in Zaka and Bikita districts in Masvingo province. Data were collected from 60 purposively sampled participants comprising 30 parents of children without known disabilities, 12 caregivers, six (6) ECD teachers, and 12 parents of children living with disabilities. Data were analysed through thematic content analysis. Findings showed that parents support the establishment of inclusive home-based ECD centres to increase access and promote inclusion of children with disabilities and that parents have the will and capacity to implement and sustain the centres. However, it was also apparent that communities need capacity building on how to manage the centres. The research recommends the establishment of centres that are managed by parents and supervised by ECD experts in local primary schools in the marginalised areas. These centres need to be monitored and evaluated for standardisation. This model has the capacity to increase access to ECD opportunities for children in marginalised areas and needs to be prioritised.

## 1 Background

Research abounds with evidence of lifelong developmental and educational benefits of Early Childhood Development (ECD) experiences and support services for children (Alderman, 2011; Heckman and Schultz, 2007; Shonkoff and Richmond, 2009; World Bank, 2010). Early Childhood Development (ECD) programmes are considered to be significant contributors towards the wellbeing of children and socio-economic advancement of nations the world over. By providing stimulation, learning and development support experiences, children's chances to realise their potential are enhanced. Based on this assumption, the Convention on the Rights of the Child (UNCRC) in 1989 and on African Unity adopted The African Charter on the Rights and Welfare of children in 1999 to provide for democratic access to education as a basic human right (Kaime, 2009). The 1994 Salamanca Report focused on the plight of children living with disabilities around the world and encouraged nations to pay more attention to their rights and needs in education and all other domains of life (UNESCO, 1994). The SADC protocol on Education and Training (1997), Article 5, encouraged member states to upscale initiatives for the support and development of basic education programmes and offer special help to socially disadvantaged groups of learners to balance access. Special mention is given to the inclusion of ECD programmes in the formal primary school system to increase access. Towards this end, Zimbabwe has also adopted the United Nations Sustainable Development Goal (SDG) number 4 which requires nations to ensure inclusive and equitable quality education and promote lifelong opportunities for all by 2030. Target 4.2 under this goal, proclaims that by 2030, all girls and boys should have access to quality early childhood development, care and pre-primary education so that they are ready for primary education. The central aim of these concerted efforts is to increase knowledge on the need to respect basic human rights for children, change attitudes by breaking religio-cultural and poverty-induced barriers to facilitate the gradual development of inclusive practices in education and child-care programmes.

Inclusive education helps in creating better quality of life for children and their families beyond schools and in nurturing a more equitable and just society for all (McConkey and Bradley, 2010; Mariga, McConkey and Myezwa, 2014). Mariga, McConkey and Myezwa (2014) further state that inclusive education achieves social capital and social cohesion among ECD stakeholders through the processes of bonding, bridging and linking persons and communities to create greater social cohesion.

ZIMSTAT and UNICEF (2019) describe that ECD as critical for emotional, social, cognitive and physical development

when the child's newly developing brain is highly plastic and responsive to change. ZIMSTAT and UNICEF (2019) further allude that marginalisation for children below 8 years includes poverty; poor health; high levels of family and environmental stress and exposure to violence, abuse, neglect and exploitation; and inadequate care and learning opportunities face inequalities and may fail to reach their developmental potential. Nkomo (2018) and UNESCO (2010) argue that disability is recognised as one of the potent factors developing educational marginalisation of children around the world. Investing in the early years is one of the most critical and cost-effective ways countries can reduce gaps that often place children with low social and economic status at a disadvantage. ZIMSTAT and UNICEF (2019) report that attendance at early childhood education programmes was very low at 28% though with gender parity (ZIMSTAT and UNICEF, 2019) and is even worse for children for children with disabilities (Nkomo, 2018). With some 57 million primary school-aged children who do not attend school worldwide (UNESCO, 2012), it is estimated that up to a third of these children have some form of disability. The United Nations (UN, 2007) estimates that 98% of children with disabilities in developing countries do not attend school. Nkomo showed that in rural areas some parents believed that it was solely the teachers' duty to educate their children. Furthermore, observations during the recent Covid-lockdowns showed that parents called for re-opening of schools because they felt that their children were becoming uncontrollable and only teachers had the capacity to restrain them for it was the teachers' duty to educate children. Such thinking among parents seems to point to a general lack of readiness to take up the role of teaching their own children, particularly in a home-based context. Masvingo and other provinces in Zimbabwe have been witnessing an increase in the phenomena of ritual murders sometimes including young school children (The Herald, 2021). Given that background therefore, it was imperative that the communities' knowledge and attitudes towards the establishment of home-based ECD centres be investigated.

### 1.1 Inclusive ECD Programmes in Zimbabwe

There are concerns about the glaring exclusion of learners with varied disabilities in early learning programmes. The Ministry of Primary and Secondary Education MoPSE Statistics Report (2018) reveals that the percentage of children with impairments enrolled in ECD A and B is 0.85%, way below the 2015-2020 target of percentage of children with disabilities enrolled in ECD A and B of 25%. This is a violation of the Constitution of Zimbabwe Amendment

(2013) and the [Education Amendment Act \(2020\)](#) which recognise the right to education of ethnic, racial, cultural linguistic and religious groups, persons with disabilities and children. The exclusion of children with disabilities is based on varied reasons. [Nkomo \(2018\)](#) reports some parents of children with disabilities are against sending their children for ECD classes due to challenges ranging from the unsuitability of school environments, lack of resources, transport issues, the nature of the disability, financial constraints and lack of knowledge on the value of educating these children.

[Chireshe \(2013\)](#) also observes that some parents have raised complaints that teachers in the ECD centres lack the necessary skills and experience to handle children who need special care, such as those with disabilities. In agreement, [Mugweni and Dakwa \(2013\)](#) concur that there is a general shortage of skilled human personnel to service such classes as ECD graduates from teacher training colleges do not have the expertise to handle children with acute and profound disabilities that parents ordinarily are against sending their children to ECD schools. Parents are very important stakeholders in the ECD programme and their concerns as primary caregivers are valid. Best ECD practices require that *'we go where the children are'* so that we access and serve both the children and their families within their homes. Such home-based programmes have the potential to increase access to early learning services for learners living with impairments. This study sought to explore the knowledge, attitudes and practices of rural communities, towards the establishment of an inclusive home-based early learning model in an effort to increase access for all children. Based on the absence of organised, inclusive home-based early learning programmes, it was critical that the home-based early learning situation be analysed from a global and regional through local perspective.

Literature search revealed that there are no structured, institutionalised and documented home-based early childhood development and learning programmes in Zimbabwe. What obtains in Zimbabwe that could be closer to home-based ECD models includes the basic traditional parenting or child care taking place in the family home context, private run ECD Centres and Home-Visits by ECD practitioners as part of teacher training and development.

## 1.2 The Traditional African Child Development

In the traditional African context in general, and in Zimbabwe in particular, the process of early child development took place within the family and the community ([Taiwo and](#)

[Henning, 2020](#)). Beginning from the early years, children were integrated into the economic, social, cultural and physical activities going on in their environment. [Dyanda \(2021\)](#) observes that the child belongs to the parent and the parent is the child's first teacher. Parents target welfare, stimulation and all-round development needs of their children. In this model, parents target gender-based socialisation, moral competences and self-help skills ([Mapara, 2009](#)). However, this varies on parents' knowledge, socio-economic capacity, cultural and religious expectations leading to differentiated achievement of expected developmental competences in children. Parental participation in the provision of learning needs involves an adhoc and homework approach ([Dyanda, 2021](#)), where parents assist their children to do homework assignments after school.

## 1.3 Privately Run ECD Centres

There are registered and unregistered privately run ECD centres in Zimbabwe owned by individuals, churches and organisations ([Chikutuma, 2013](#); [Mangwaya, Blignaut and Pillay, 2016](#)). These are concentrated in urban compared to rural areas. The registered ones are attached to schools and supervised by the school heads for standardisation, while then excludes the paraprofessionals ([Education Amendment Act, 2020](#)). The unregistered ones in most cases employ hand-picked who may not always have requisite training in ECD and lack competence for ECD teaching, are poorly resourced in terms of facilities and charge high fees which most parents do not afford, leading to the exclusion of some children from poor backgrounds ([Dyanda et al., 2005](#); [Chikutuma, 2013](#)). Although they are illegal, unregistered centres continue to sprout with limited restraint practically and some of these, flout the expectation to follow the national curriculum. Most of the unregistered centres emphasise the use of English as the language of instruction negating the curriculum demand to use an indigenous language commonly used in a community. Critiques of this model cite weaknesses such as use of the drill method and emphasis on numeracy and literacy skills, proper reading and writing ([Takaendesa, Tafirenyika and Manatsa, 2014](#)). Due to emphasis on competence in performance, especially on cognitive and linguistic skills, children with different impairments become marginalised even when enrolled on such programmes.

## 1.4 Home Visits by ECD Practitioners

In the University of Zimbabwe Scheme of Association with teacher training colleges, ECD student teachers are re-

quired to undertake community–outreach programmes during which they visit selected parents in their homes and communities. The visits target stimulation, support and holistic development of the 0-3 age group, excluding groups of children enrolled in school. This component seeks to enhance parents' knowledge towards child-care grounded on best practices in ECD. However, it is done selectively, on a very small scale by learner-teachers aiming to fulfil course requirements. There are also no monitoring strategies in place, except that, students are just supervised by their college lecturers. Based on the absence of organised, inclusive home-based ECD and learning programmes, this study sought to explore the knowledge, attitudes and practices of rural communities, towards the establishment of a home-based ECD and learning model in an effort to increase access for all children.

## 2 Statement of the Problem

The Zimbabwe government has a vibrant policy which opened access to early learning and development of children aged 3-5 in primary schools ([Secretary's Circular Number 14, 2004](#)). This policy brought an influx of children into the formal learning at primary school level leading to overcrowded classes, causing high teacher–pupil ratio. Nevertheless, despite the existence of such policy, access remains a problem for some children in marginalised communities particularly those in remote rural areas. Part of the exclusion problem arises out of long distances between homes and schools, lack of will to invest in the education of young children as compared to older ones by the marginalised families and communities. Children fall within cracks, fail to access school based programmes and remain excluded. Furthermore, research ([Virendrakumar et al., 2018](#)), indicates that universally, there are above one billion people have different forms of disabilities, with the majority living in developing countries. What makes the situation even worrisome is the 2011 World Report on Disability which shows that children with disabilities have similar needs as those without disabilities yet they are frequently deprived access to services including education, health and economic opportunities ([Seelman, 2011](#)). To address this knowledge gap, the current study explores the effectiveness of inclusive home-based early learning in marginalised areas. The World Development Report 2006 identified early childhood development (ECD) interventions as a promising policy area to attain both efficiency and equity goals ([World Bank, 2005](#)). More lately, the World Development Report 2015 again singled out early child development as a main feature of inequality, noting that children from developing nations have systematically lower socio-emotional and cognitive stimulation in their early

years, which together with the high stress of growing up poor can impair decision-making and deliberative abilities ([Tanner, Candland and Odden, 2015](#)). [Wheeler and Hill \(2021\)](#) submit that the need for home-based learning has been made more imperative by the COVID-19 pandemic that had wide sweeping effects on education globally. The Covid-19 induced changes to schooling have had serious effects on the preschoolers with disabilities and their parents ([Wheeler and Hill, 2021](#)). It is against this background that the current study explores the adoption of inclusive home-based early learning in marginalised communities in two districts of Masvingo Province in Zimbabwe.

## 3 Research Questions

This study was guided by the following objectives:

1. What knowledge does the community have regarding inclusive home-based ECD?
2. What attitudes does the community have towards establishment of inclusive home-based ECD in their area?
3. What roles do communities intend to play to sustain inclusive home-based ECD centres if established in their community?

## 4 Research Objectives

This study was guided by the following objectives:

1. To evaluate the knowledge of the community regarding inclusive home-based ECD.
2. To assess the attitude of the community towards establishment of inclusive home-based ECD in their area.
3. To find out roles the community intends to play in sustaining inclusive home-based ECD centres if established in their area.

## 5 Literature Review

### 5.1 Home Based Early Learning

Home Based early learning is a program that is designed to have children receive learning opportunities in their home environment or cultural setting with their parents and other primary caregivers as tutors. This program can be likened to several theorist of child development, the likes of [Levy Vygotsky \(1962\)](#) of the Socio-Cultural learning theory, Locke of the idea of Environmentalism which views the environment as an important factor in the learning and development especially the cultural and intellectual

development of an individual. Bronfenbrenner (1995) in the theory of ecology views the environment as the primary engine for development, thus home early learning becomes important for the child. Children first begin to learn through interactions within their environments, therefore the home environment have to enable learning and development of skills. Caregivers need to be equipped with knowledge on how to enhance development in children at home. This can be done through programs such as the home-based early learning program. Their wellbeing is to be provided for carefully starting from an early age of as early years are the foundations of their future school years and beyond. In Zimbabwe the Home-based early learning model is being done but not all children and caregivers are beneficiaries. Activities are being done in some institutions where parents of children with physical challenges are being educated on how to assist their children to develop and learn self-help skills at Giles rehabilitation, Jairos Jiri centre Harare offer training sessions to caregivers and challenged children. The Sally Mugabe pediatric unit also have sessions where children and parents go to attend developmental lessons.

Though such facilities are there in Zimbabwe, not all vulnerable children are accessing the programs as only identified individuals benefit leaving those in remote areas, thus more is to be done to reach all corners of the country. Research by Jones et al. (2017) reveal that caregivers are very important in the development of young children especially the socio-emotional aspect hence need to be trained on how ECD children learn and develop.

## 5.2 Home-based Programs: International Experiences

According to Wachs (2000) sociologists and psychologists agree on the high value of analysing the relationships between the child and his or her physical and social environments. Iltus (2006) concurs that there are no questions about the significance of home environments in learning of young children and its impact as a main factor in their development. Parents play a significant role in the child's early learning since they control the child's environments and are main people who relate with the children during the initial years of the children's lives. Bronfenbrenner describe these interactions as "the primary engines of development" (Bronfenbrenner and Morris, 1998). In this regard, educators, politicians, governments, NGOs, and international organisations have taken the initiative to implement massive numbers of projects and programmes dealing with issues of producing the right environments for child development. Home based educational programme is one of these programmes.

## 5.3 Home-based Early Childhood Education in New Zealand

The programme supervises learning as it take place in the home setting where educators provided education and care for up to four children within the age range birth to five years. In this programme, children are able to access up to 30 hours of supported education and care a week in a home. The educator is not required to hold a qualification at present (Mātauranga, 2018). In this stance, the New Zealand has decided to move towards necessitating a Level 4 Early Childhood Education qualifications. The educators work is overseen by a coordinator, who is responsible for overseeing the education and care of up to fifty children. The coordinator must be a skilled and registered early learning educator, with current practising certificate. In this view, the New Zealand government has decided to strengthen this role, thus, Home Based Early Childhood Education services are now licenced by the Ministry of Education (Mātauranga, 2018).

In Cambodia the Home based program was introduced after noticing only 16.80 percent of Cambodian children ages 0-6 years were receiving early education (Rao and Sun, 2015). The objective of the Home based program is to help parents to create favourable environment for the development of their young children through informal education settings. In Cambodia Home based programs has been looked as inexpensive way of substituting the absence of preschool services in rural and remote areas in the country because the Government cannot afford preschool services in those areas (Rao and Sun, 2015).

The purpose of home based early education is to help vulnerable and children with disabilities. In South Africa UNICEF provides an overview of community and home based services to poor and otherwise vulnerable infants and young children (UNICEF, 2019). Research shows that home based ECEC was more likely to be used by vulnerable families, compared to center based settings because center based settings are expensive.

Literature suggests that home based ECEC has the potential to provide a rich learning environment for young children and to effectively support individual family's needs who may need flexible childcare (Ang, Brooker and Stephen, 2017). Group sizes and child staff ratio tend to be lower in home based setting than in center based settings. Thus home based programs tend to be more effective as children at home are few than children at centers therefore they get more attention. A study in Netherlands showed that toddlers in home based were experiencing higher caregiver sensitivity and showed higher wellbeing compared to toddlers in center based provision. Another study by Baker

found out that after 2 years of parent participation children in home based program were ahead of their matched peers in language and literacy, numeracy and self-esteem.

#### 5.4 Teaching methods

The model has its teaching methods which include field trip and play among others. The methods are child centred (Li and Chen, 2017) so as to explore the environment at the same time attaining knowledge own their own and being guided here and there by the facilitator. Children are lone scientists as noted in Piaget's theory of cognitive development. Broadhead (2006) postulates that through play, young children develop cognitively. However, some areas are bad that it might be not healthy for the facilitator to let children explore during field trip sessions. Therefore, it needs the government and the non-governmental organisations to chip in and try by all means to help marginalised children.

#### 5.5 Health and Nutrition

The Conventions on the Rights of the Child (CRC) 1989 notes the rights of the children. Among the rights is the right to health services and Safe environment. Lake and Proudlock (2011) propounds that it is the right of the child to access health services freely. Therefore in Zimbabwe there is much to be done in terms of access to health band safety so as to fulfill and observe each child's welfare. Moreso, some children are being left out on immunisation schedules because of the areas they live which have access to them although the Government tries by all means to do outreach programs in the health sector.

#### 5.6 Teacher's Role

The role of the teacher is to facilitate leaning (Li and Chen, 2017). Montessori advocates for the teacher being the facilitator and children do their on activities from a well prepared environment (Grier, 2019). The teacher is there to initiate learning. In Zimbabwe this is being practiced to a lesser extent. Teachers initiate learning or play but the problem comes on gathering materials and media for children to work with. Those enrolled in private schools have access to adequate media. However children doing homebased learning, remote area and those enrolled in government schools have problems. Teachers end up doing teacher directed lessons so as to control learners. Those in homes end up playing with harmful objects since there is no access to age appropriate media. The government and

private sector need to work together and try to chip in on providing necessary equipment for the implementation of this fact.

#### 5.7 Parental involvement

Wong and Hughes (2006) eludes that teachers need to work together for the optimum development of the child. The school and the home need to work hand in hand for he holistic development of the child. In Zimbabwe this is being practiced. Teachers and parents are being seen meeting physically or online (WhatsApp platform) discussing what needs to be done for development of learners. Parents also come to school on consultation days, sports days and parents days among others. However, marginalised children lag behind in such issues since they acquire home based learning only. There is need for the support by the government and donors to provide access for schooling for these children.

Home-based centres are not new the world over and examples of home-based ECD programmes include Home Instruction Programme for Preschool Youngsters (HIPPY) (Miller, Maguire and Macdonald, 2012) and the Cambodian Home-based Early Childhood Education (HECE) (MoEYS, 2010) and the Brazil Home Visit Intervention (Smith et al., 2018). As noted by Browne et al. (2006), home visits were based on the belief that the parent is the most consistent and pervasive force that shape the lives of young children, especially where the child has special needs.

In Africa, home-based early learning has been trailed through the Kenyan KIDOGO social enterprise which was a model that provided children with a holistic ECD intervention (Okelo, Nampijja and Iboudo, 2022). In Uganda, home-based ECD models included the LABE's Home Learning Centres (HLCs) (Ezati, Madanda and Ahikire, 2018) and UNICEF's integrated Early Childhood Development Centre (iECD) in Mirambo (Mbonye, 2017). These home-based models have been found to be instrumental in supporting parents in their role of preparing children for formal learning. The Home-based centres utilise the school-based Early Childhood Development curriculum but also drew from parents' traditional parenting knowledge (Ezati, Madanda and Ahikire, 2018).

#### 5.8 Gap

The central argument in this article is that there is need for inclusive home-based early learning for marginalised in Zimbabwe. The reviewed literature shows that Zimbabwe lacks innovative play-based, culturally relevant

and home-based learning systems. The Covid-19 pandemic has shown the need for such home-based learning projects. Li and Chen (2017) calls for localised and culturally, child centred and play based pedagogy for children (Li and Chen, 2017). Li and Chen (2017) even advances that the appropriate curriculum for such children should be based on daily life and activities. This is in line with the competency-based curriculum for ECD in Zimbabwe seeks to inculcate the *Unhu/Ubuntu/Vumunhu* values such as sovereignty, inter-dependence, mutual support, respect, discipline, and readiness to help others (MPOSE, 2015). MPOSE (2015) writes that the pan-Africanist philosophy of *Unhu/Ubuntu/Vumunhu* epitomises universal human inter-dependence, solidarity, humanness and sense of community common in African societies in the face of globalisation.

## 6 Data Collection Methods and Procedure

### 6.1 Design

Mixed methods research (MMR) involves collecting, analysing, and in some way integrating both quantitative and qualitative data in a single project. The phases of a research project are integrated or synergistic, with the quantitative phase influencing the qualitative phase, or vice versa (Hesse-Biber, 2010; Hesse-Biber and Leavy, 2011). MMR may result in a comprehensive understanding of the phenomenon under investigation because of the integration of quantitative and qualitative data. MMR is generally appropriate when your purpose is to describe, explain, or evaluate. MMR is also routinely used in applied social and behavioural science research, including that which seeks to prompt community change or social action. This mixed method exploratory study employed the survey design to get community knowledge, attitudes and practices regarding inclusive HBECED in identified communities. The study combined both qualitative and quantitative facets in that it employed a tool that had both open-ended and closed ended items. The study was conducted in Bikita and Zaka provinces of Masvingo.

### 6.2 Sample and Sampling Strategy

A total of 60 participants that include parents, teachers and caregivers were purposively selected and in-depth interviews conducted with them. There were 30 participants from each district. The participants were recruited using purposive sampling method, a non-probability sampling method. This purposive sampling was chosen because it depends on recruiting the best possible participants that

meets the set-out criteria and produces the best data, and research results are a direct result of the cases sampled (Patton, 2015). The 30 participants per district comprised of 15 parents of non-disabled children, 6 parents of children with special needs, 3 ECD teachers and 6 ECD teachers awaiting yet to get professional training. The districts were selected because of the low number of ECD centres available in those areas and therefore were earmarked for the Inclusive HBECED model. The researchers selected parents who had children with special needs and those whose children did not have such needs, since there was an element of inclusive education in the mixed model. Parents who were ECD teachers at primary schools and also community caregivers were also purposively selected to participate in the study. Only those who gave consent and were willing to share their contacts with the researchers were included. All those who consented were interviewed face-to-face by the researchers.

Of the 60 parents drawn from Zaka and Bikita districts, 43.3% were male while 56.6% were female. This breakdown of the participants shows that there was fair balance in gender although. In the parent category, 10% were teachers, 20% were caregivers and 20% were parents of disabled children, while 50% were parents of non-disabled children. All parent categories were adequately represented in the study and the views obtained were quite balanced. It shows the types of disabilities that were reported to be prevalent among the disabled children in both districts.

### 6.3 Data Collection

Face to face interviews were conducted from 10 July to 15 July 2021. Measures to curb the spread of Covid-19 such as social distancing, sanitisation and proper wearing of masks were adhered to during the interviews. The research team consisted of 8 people who were comprised of 2 researchers, 2 research assistants and 4 enumerators. Each research assistant was in charge of 2 enumerators.

### 6.4 Ethical Issues

Ethics approval for the research were obtained from the Medical Research Council of Zimbabwe (MRCZ) under the MRCZ/A/2732. After receiving the IRB approval, we obtained informed consent from the research participants. We provided the potential participants with a request to participate after first identifying ourselves as the researchers, our affiliations and describing the purpose of the study.

The research team impressed on the participants that participation was voluntary and that they had the right to withdraw from the study at any moment if they deemed it fit. There will be no consequences for participants that choose to discontinue with the interview. Even after completing the questionnaire, participants are reminded that they have the choice to opt out of sharing the data already provided. Thus, instead of submitting the completed questionnaire, the participant is given the choice to discard the data (Knussen and McFadyen, 2010).

This study did not expose participants to any potential risks or harm. However, participants will be permitted to discontinue or stop the interview at any point, should they feel uncomfortable continuing with the research. All data will be stored in password-protected electronic format.

After analysing the data, all the research findings were consolidated and written up in a report. The report will be made accessible to participants of the study upon request. We hope to also share the findings of this research at local/international meetings; conferences and publish in peer reviewed journals.

## 6.5 Data Analysis

The data analyses used quantitative analysis for quantitative data and qualitative analysis for qualitative data. Quantitative analysis was done using basic descriptive statistics involving mainly frequencies, percentages and means. Analysis results were presented in tables and graphs. Qualitative analysis was done using thematic content analysis. Thematic content analysis is definable as a method for identifying, analysing and reporting patterns (themes) within the data (Braun and Clarke, 2006). More over, thematic content analysis interprets various aspects of the research topic (Boyatzis, 1998). This data analysis method is particularly a useful method when investigating an under-researched area, or when working with participants whose views on the topic are not known (Braun and Clarke, 2006). Thematic content analysis is adequate in the current study because arguably there is dearth in literature on home-based ECD. Additionally, results from thematic content analysis are generally simple to make sense of and can usefully summarise key features of a large body of data and offer a thick description of the data set (Braun and Clarke, 2006). Finally, it affords social and psychological interpretations of data (Braun and Clarke, 2006).

The procedure for thematic content analysis involved the researchers obtained familiarity with the data by engrossing themselves in the data till he was acquainted with the depth and breadth as recommended by Braun and Clarke

(2006). The researchers familiarised themselves with the data through continual reading of the data through actively read the data by searching for nuances and patterns. The researchers then generated codes for each question in line with the research objectives. The codes referred to the most central piece, or element, of the raw data that can be assessed in a meaningful way regarding the phenomenon (Boyatzis, 1998). The coding process was accomplished manually. This involved working methodically through the whole data set, giving complete and equal attention to each data item, and identifying interesting facets in the data items that could structure the basis of recurring patterns (themes) across the data set (Braun and Clarke, 2006). Subsequently, the researchers catalogued the codes into themes (Braun and Clarke, 2006). This phase re-centred the analysis at the broader level of themes, rather than codes, and involved arranging the diverse codes into possible themes, and collating all the related coded data extracts within the given themes as suggested by Braun and Clarke (2006). Indeed, the researcher explored the codes and considered how diverse codes could be coalesced to form principal themes and sub-themes (Braun and Clarke, 2006). This process was completed with a collation of core themes, and sub-themes, and all extracts of data that had been coded in relation to them. At this point, the researchers started to have a sense of the importance of individual themes. During this stage, it became clear that some of the themes were too minor hence were crystallised into one main theme.

The final stage involved researchers developing a fitting thematic map of his data (Braun and Clarke, 2006). The researcher defined and further refined the themes. Defining and refining themes involved identifying the salience of what each theme was about and determining what aspect of the data each theme represented (Braun and Clarke, 2006). The researcher did this by reverting to collated data extracts for each theme, and organising them into a coherent and internally consistent description (Braun and Clarke, 2006). For each individual theme, the researcher presented a detailed analysis. The researcher also ensured that each theme dovetailed into the broader overall analysis of the data.

## 7 Research Findings and Discussion

Thematic areas were constructed based on the research objectives which sought participants' Knowledge, Attitudes and Practices (KAP) on the need for, nature, and functional requirements of Inclusive HBECDC centres. The research findings and discussion are presented under these main

**Table 1: Demographic Characteristics of Participants**

			Parent Category				Total
			Teachers	Caregivers	Parents of disabled children	Parents of non-disabled children	
Gender	Male	Count	2	5	5	14	26
		% of Total	3.30%	8.30%	8.30%	23.30%	43.30%
	Female	Count	4	7	7	16	34
		% of Total	6.70%	11.70%	11.70%	26.70%	56.70%
Total		Count	6	12	12	30	60
		% of Total	10.00%	20.00%	20.00%	50.00%	100.00%

themes. Before the presentation of the results, the demographic characteristics of the participants are shown in the next section to give a picture of the nature of the participants who were involved in the study.

### 7.1 Demographic Data of Participants

Demographic details of the study participants are presented in Table 1.

Of the 60 parents drawn from Zaka and Bikita districts, 43.3% were male while 56.6% were female. All the 60 participants were parents though some were professional or trained teachers while others were paraprofessional teachers. This shows that there was fair balance in gender although. In the parent category, 10% were teachers, 20% were caregivers and 20% were parents of disabled children, while 50% were parents of non-disabled children. All parent categories were adequately represented in the study and the views obtained were quite balanced. Table 2 presents the categories of disabilities found among children of selected parents in the two districts. It shows the types of disabilities that were reported to be prevalent among the disabled children in both districts.

**Table 2: Categories of impairments and special needs/requirements**

Category of Impairment	Special Needs / Requirements	Numbers of the disabled children
Physical impairment	Wheel chair / walking aid	4
Hearing impairment	Hearing aid	3
Speech impairment	Special teacher	2
Mental impairment	Special teacher	2
Dyslexia	Special teaching techniques	1

Physical impairments were the most prevalent at 4, hearing at 3, speech defects at 2%, mental 2% and dyslexia at

1 as shown in Table 2. This table sought to show the distribution of. Special needs for the disabled children ranged from wheel chairs, hearing aids, special teachers and special teaching techniques. Due to the severity of their impairments, 17% of the disabled children (across categories) did not attend any school. Overall, the ages of children varied from two to 10 years. The results of the study are presented in the ensuing sections.

### 7.2 Knowledge of parents about home-based early learning models

Question items that provided data on parents' knowledge were on expected competences by age six, reasons for supporting the idea of establishment of home-based learning centres, conditions that would make a home qualify to be a home-based early learning centre, skills parents preferred other than literacy and numeracy in their order of preference.

#### 7.2.1 Expected competences by age 6

Across the categories of teachers, caregivers, parents of children with disabilities (special needs), and parents of children without special needs (non-disabled), expected competences were grouped into six themes as shown in Figure 1.

As reflected in Figure 1, the competences that parents expected their children to attain by the age of six years old were as follows: literacy and numeracy (48%), language and communication (10%), self-help skills (6%), play and interaction skills (14%), doing household chores (9%) and self-identity (14%). Specifically, under literacy and numeracy, participants mentioned the following competences; writing, reading and counting. For language and communication, proper and clear articulation of words; answering questions; speaking basic English; articulation; listening and conversing with others emerged as competences that

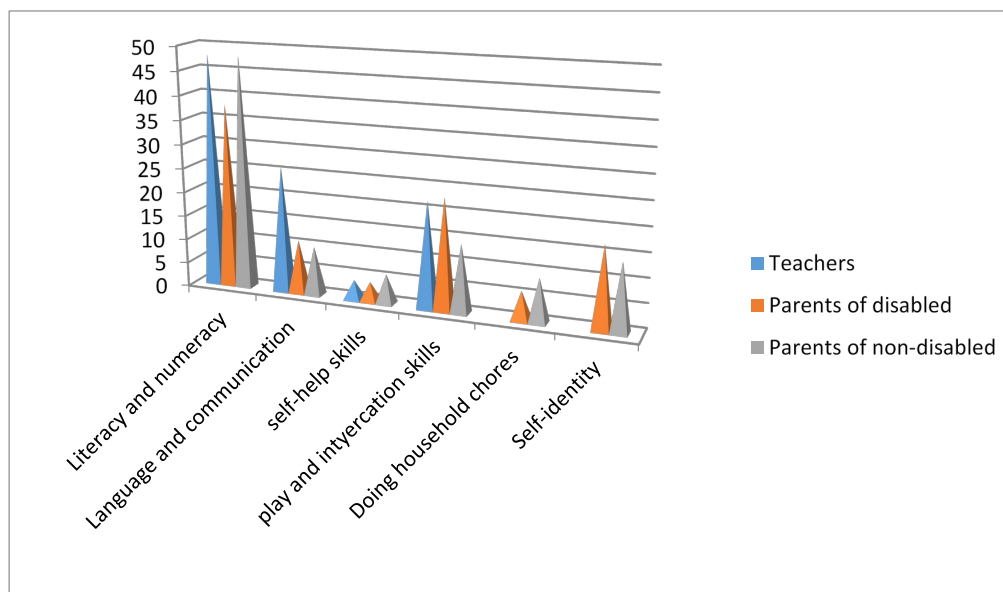


Figure 1: Expected competences by age 6 across teachers

parents expected their children to attain. Self-bathing, self-dressing, self-feeding and self-toileting also emerged as the self-help competences expected by parents. Under play and interaction skills, some of the key competences were greeting elders, playing with others, socialising and singing songs. Expected competences such as fetching water, cooking, cleaning dishes and sweeping constituted the theme doing household chores, while saying own name, stating home address, identifying family members by name and recognising familiar people in the community were some of the responses that made up the theme self-identity. Of particular interest were the striking differences among teachers and parents of disabled children's expectations as reflected in Figures 1 and 3.

Both teachers and parents prioritised literacy and numeracy (48%). However, teachers' expectations of the children differed from those of parents in language and communication (26% teachers compared to 10% parents), self-help skills (4%) while play and interaction skills constituted (22%). Literacy and numeracy appear to be a priority for early childhood development and learning from the teacher's perspective. This priority was also evident in parents of children with disabilities as reflected in Figure 3.

Parents of disabled children cited competences such as literacy and numeracy (38%), language and communication (11%), self-help skills (4%), play and interaction skills (23%), doing household chores (5%) and self-identity (17%). Results suggest that these parents would rather have their children with special needs be more competent

in literacy and numeracy than doing household chores and acquiring self-help competences. It seemed that the parents of disabled children did not expect their children to show more competences beyond numeracy and literacy.

One such parent of a child with special needs in Bikita district said,

*My child should be able to perform little things such as watering vegetables using small containers such like 5 litres plastic containers.*

One such parent of a child with special needs in Zaka district said,

*I expect my child to be [able] to read and write and beyond that to communicate well with others and to socialise well with others in the community.*

When asked they support the idea of starting home based centres, all participants supporting the idea. Four thematic areas emerged after classifying the parents' reasons for supporting the idea of establishing home-based early learning centres: Reduction of distance children travel to school; increasing access to early childhood development and learning; decongestion of schools in line with preventing the spread of Covid-19; and promotion of child security as presented in Figure 2.

Figure 3 shows the comparison of distributions of reasons for supporting establishment of home-based early learning





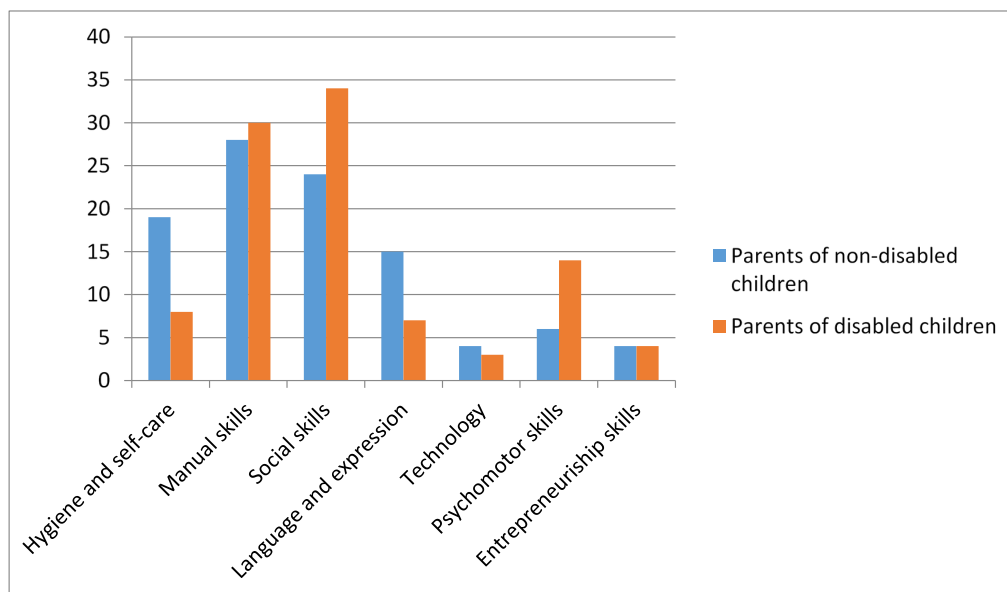


Figure 4: Skills preferred other than literacy and numeracy across parents

and care, herding cattle, self-bathing, compliance with orders, cleaning cooking utensils. That is doing dishes.

Furthermore, a female parent in Bikita also said,

*Obviously, a child should be taught respecting elders, greeting, complying with orders, doing age-appropriate chores, bathing, dressing, self-care and other important things in life.*

On the same note, a female parent in Zaka also said,

*It makes life very easy if a child is taught social skills early in life such as sharing with others, greeting elders, loving others, singing and praying together with others in the family or at school.*

As shown in Figure 5, skills preferred by parents of disabled children other than numeracy and literacy were different in that results showed most preference for social skills (34%), manual skills (30%), psychomotor (14%), hygiene and self-care (8%), language and expression (7%), entrepreneurship (4%) and technology (3%) in that order. The majority of responses seem to suggest that the parents of disabled children prefer social, manual and psychomotor skills even if that may not be what is happening to their children during early learning. The least preferences which were hygiene and self-care, language and expression, entrepreneurship and technology could be influenced

by their knowledge of the nature of their children's disabilities. Conversely such knowledge, if prevalent could contribute to a negative attitude towards their children's skills development capacity.

### 7.3 Attitudes of parents towards inclusive home-based early learning models

Data on attitudes of parents were obtained from questions which sought to find out whether or not parents supported the idea of home-based early learning centres. Activities or skills the parents as teachers would teach in a home-based centre and their views on children learning with others with special needs at the centre also provided evidence of their attitude. Another item which sought suggestions by parents as to what needed to be done to make parents bring their children with special needs to school was also asked to understand attitudes towards home-based early learning.

#### 7.3.1 Parents' views on the establishment of home-based early learning centres

All the parents supported the idea of establishing home-based early childhood development centres. Although the participants' reasons were varied, they pointed to one generic positive attitude towards the nature and purpose of the intended centres. A Zaka female teacher said,

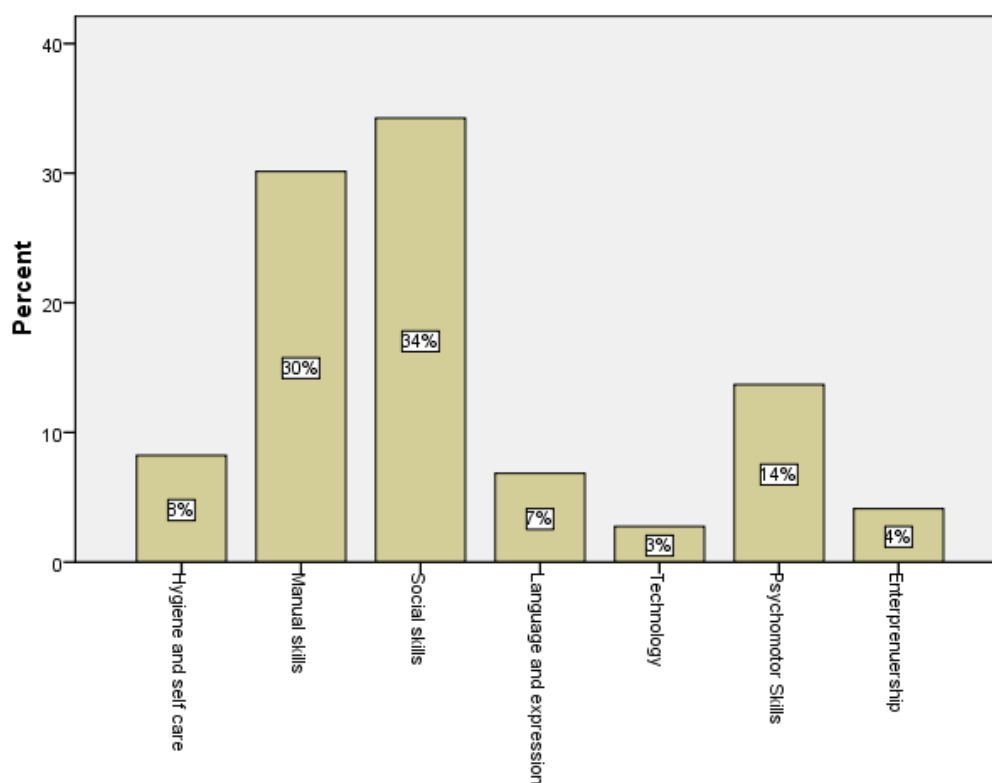


Figure 5: Preferred skills other than literacy and numeracy across parents of disabled children

*Children currently travel too long to get to school where they are too many and so these centres will be Covid-19 preventive measures against overcrowding. The home-based centres help curb problems of overcrowding in classrooms and high teacher –pupil ratios in schools.*

In the same regard, a Zaka female caregiver also said,

*We need the centres so that our children learn and go to higher level schools in order for our area to develop.*

A Bikita female caregiver also said,

*We were actually waiting for them, because these centres will help decongest schools. This adds to development in education. We really like that idea, the centres are good.*

These reasons are indicators of the positive attitude of teachers and caregivers who viewed Inclusive HBECDC centres as a good development strategy for their communities and districts at large. The desire to see children achieve higher education levels, which participants expressed as

the biggest benefit of having access to Inclusive HBECDC and early learning programmes showed that they really valued the idea of having the centres. The research found that the establishment of home-based early learning centres is considered by parents to be a significant and worthwhile investment in the children's development and education towards enhancing their chances of success in later lives as well as broadening career choices.

### 7.3.2 Activities or skills parents as teachers would teach in a home-based centre

Concerning what parents would teach at a centre, it was found that activities/skills one would teach at a centre ranged from social competences, intellectual/cognitive development skills, moral development, physical development or self-help, to spiritual development, emotional development and language development-oriented tasks. With regards to what teachers would teach, the research established that intellectually demanding activities topped the list of teachers' responses bringing closer home the conclusion that teachers prefer cognitive stimulation compared to other domains. This is consistent with earlier results on expected competences by age 6 where the teacher

**Table 3: Activities/skills Teachers would teach at an Home-based ECD Centre**

Developmental Domain	Examples of activities/Skills Taught	Percentage %
Intellectual/cognitive	Writing own name, identifying colours, reading letters of the alphabet	29
Physical and Self-help	Physical fitness, Self-bathing, dressing, feeding, toilet training, industriousness, cleanliness	21
Moral development	Helping elders, social courtesies, loving others, accepting the disabled	4
Language development	Speaking properly, speaking in many languages	18
Social development	Sharing, respecting, living together with others well, complying with orders	11
Emotional development	Sympathising, empathising with other peers	11
Spiritual	Praying, godliness	6

responses had more literacy and numeracy related skills. As is shown in Table 3, the responses of teachers reveal Intellectual/cognitive development activities (29%), Physical development/Self-help (21%), Language development (18%), Social development (11%), Emotional development (11%) and Spiritual development activities (6%). These domains were generated by the participants.

In terms of difference in views between teachers and caregivers on what children should learn, there was emphasis on self-help skills by the caregivers or paraprofessionals. Such emphasis could be explained by the fact that the caregivers are more concerned with children's independent functioning in the school set up, hence the preference for self - help skills.

### 7.3.3 Parents' views on able-bodied children learning with those with special needs in inclusive HBECD settings

Most parents were of the view that it is good practice for children with special needs to learn together with those without special needs in an inclusive learning set up. Reasons for such a view included that such a situation would promote integration and help the children to learn to accept each other. For instance, one parent in Zaka had this to say,

*There is no problem because children are equal (Zaka female parent of a disabled child)*

Another Zaka parent also said,

*It is good. It helps the disabled children to be accepted by the non-disabled peers. It also helps the disabled learners with special needs to be closer to the school (Zaka male parent of a disabled child)*

However, there were some parents who had a different opinion and thought that it was not good for children with

special needs to learn together with those without special needs. The parents cited that mainstreaming would result in exclusion of the child with special needs. One such opinion was cited in Zaka,

*It is difficult because non-disabled learners can easily grasp concepts and those with challenges will be still struggling while others have gone past a topic (Zaka female parent of a disabled child).*

### 7.3.4 What should be done to make parents bring their children with special needs to school?

In terms of what should be done to make parents bring their children to HBECD centres, the research found that: love and affection, fees exemptions, educational support and outreach and awareness campaigns were critical. Love and affection were cited by most parents as is evident in the following excerpts: A Zaka parent of a child with special needs, said,

*What every child needs most importantly is love and affection. If a child feels loved, accepted and valued, usually that child will be very easy to work with.*

Another parent in Bikita said,

*Children with special needs are special in their own way. They really need to be close to parents and caregivers. That is what should also happen at school. If a school shows love and affection to such children, they will definitely attend and complete their education. The reason why the majority of them drop out of school is lack of love and affection in my view.*

This view was echoed by the majority of the parents. This is quite logical because teaching and learning are social

processes and their success is based on the nature of the relationships of those involved. It follows that if relations are good, levels of motivation increase and success can be realised. If they are not good, frustrations and failure to meet goals can be prevalent.

#### 7.4 Practices of parents in home-based early learning models

Practices emerged from data on Parents or guardians' early learning support in preparation for formal learning; management roles parents would want to take up at the home-based early learning centres; support they would offer to home-based early childhood development centres; skills training they would require to manage home-based early learning centres and activities parents would do to sustain the centres.

#### 7.5 Parent support for early learning

In both Zaka and Bikita districts, parental support for early learning was categorised into three broad themes based on the data attained from the parents. These were: Provision of financial resources to support the centres, material resource provisions and facilitating learning and socialisation of the child before they begin formal learning in schools. Financial resource provisions included: sourcing funds to buy food; budgeting and saving school fees; and raising money to purchase clothes and books. Material resource provision included providing toys, blocks, booklets and computers for the children to use. Facilitating learning was stated as: teaching reading, teaching letters of the alphabet, vowels and assisting the child in counting, teaching phonics, drawing pictures, teaching child writing of own name and patterns, helping with reading, writing, asking child questions, as well as assisting children in book-handling. Socialisation responses included: assisting the child greet elders appropriately or using the correct registers, assist child in the acquisition of traditional norms and values. There were no differences among male and female parents on how they can support the home-based centres.

#### 7.6 Management roles that parents indicated they could perform at HBECD Centres

Figure 6 illustrates the management roles which the parents indicated they could perform at the home-based centres. The role of chairperson of the home-based centres

was opted for by the majority of participants (48%) interviewed. The caretaker (15%) role was also chosen by participants, an indication that parents would be comfortable with working to support the development and learning of their children at the centres. Other roles mentioned were advisor (10%), treasurer (8%), secretary (7%), teacher (5%) committee member (5%) and principal (2%) at the centre. Parents of disabled children in Bikita district were unique in their selection of roles to partake at a home-based ECD centre. For instance, one parent stated,

*I would like to be an Advisor responsible for building and strengthening love and patience towards the disabled children at the centre. I will be advising every staff member at the centre so that children learn well (Bikita Female Parent of a child with Special Needs).*

A male parent in Bikita responded saying,

*I want to be a caretaker responsible for the disease prevention among children at the centre. I want to make sure that children are safe from all kinds of problems, even swings and seesaws should be clean. Sanitisers are needed and there must be someone to administer them. . . I think I can do that very well. (Bikita Male Parent of a Child with Special Needs)*

Another male parent also had this to say in support of his choice of chairperson's role,

*A Chairperson is responsible for recruitment of special needs teachers, liaising with volunteering parents with disabled children to work at the HBECD centres, to provide support to teachers and ensure that games and activities are inclusive.*

#### 7.7 Skills training that respondents thought were required to manage Inclusive HBECD

With regards to skills training required to manage HBECD, broad areas which emerged from the responses were: disability and special needs awareness training; How to facilitate activities and lessons in inclusive ECD classes, and financial management skills. All the participants showed eagerness to learn and participate in the everyday activities of the HBECD.

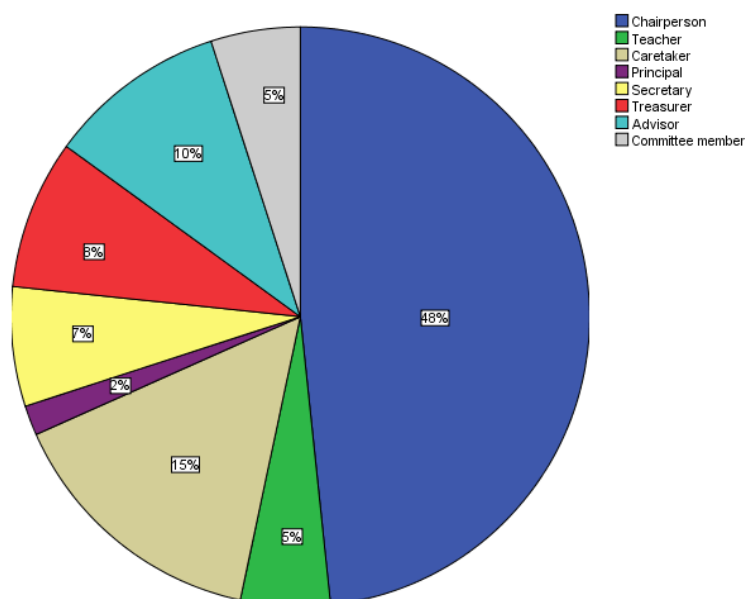


Figure 6: Management roles

## 7.8 Sustainability activities

Activities that respondents identified as necessary to sustain inclusive home-based ECD centres were varied and ranged from: maintenance of the centre (42%), parental engagement (18%), regular workshops, income generating projects (18%), stakeholder support (12%) as well as nature and quality of staff (10%) among the key aspects cited by parents as shown in Figure 7. The varied suggestions of participants indicated that Inclusive HBECD centres can be a huge success if they are introduced and managed by cooperative and committed groups of people.

## 8 Discussion

### 8.1 Knowledge of participants of inclusive HBECD programmes

Participants differed in their levels of knowledge on importance, resource and operational needs, and management of Inclusive HBECD centres (Dyanda et al., 2005). Teachers and caregivers had better knowledge on how the centres can be established in terms of: identifying resource requirements, setting up learning environments, involvement of parents, curriculum content, providing care and facilitating lessons. Their basic professional training in ECD was identified as the reason for their knowledge. However, some of them professed little knowledge about Inclusive HBECD centres as they were not sure if the school-based

model they are familiar with could be directly extended into home-based centres without modification.

Most parents were very knowledgeable about the benefits of Inclusive HBECD and learning centres to children. However, on issues to do with the nature, organisation and operation of these, some parents exhibited limited knowledge (Dyanda et al., 2005; Nziramasanga, 1999). These confused homework support, socialisation events and Covid-19 lockdown induced home lessons with the Inclusive HBECD programmes. Despite their enthusiasm on the idea of HBECD centres, some parents also seemed to have little knowledge on how these can be structured, resourced, set up and managed.

Pertaining to curriculum content and expected competences for Inclusive HBECD centres, teachers, paraprofessionals and parents differed. Most parents emphasised socialisation into *Unhu/Ubuntu*, self-help skills, proper teaching of reading, writing and the acquisition of speaking competences in English and downplayed the need for play-based learning (Nziramasanga, 1999). Conscious of the national ECD curriculum expectations, teachers and paraprofessionals on the other hand, upheld the need for play, use of a commonly used indigenous language for instruction and pre-formal learning activities (Nziramasanga, 1999). The two groups agreed on the need for developing self-help skills and socialisation of children (Ezati, Madanda and Ahikire, 2018).

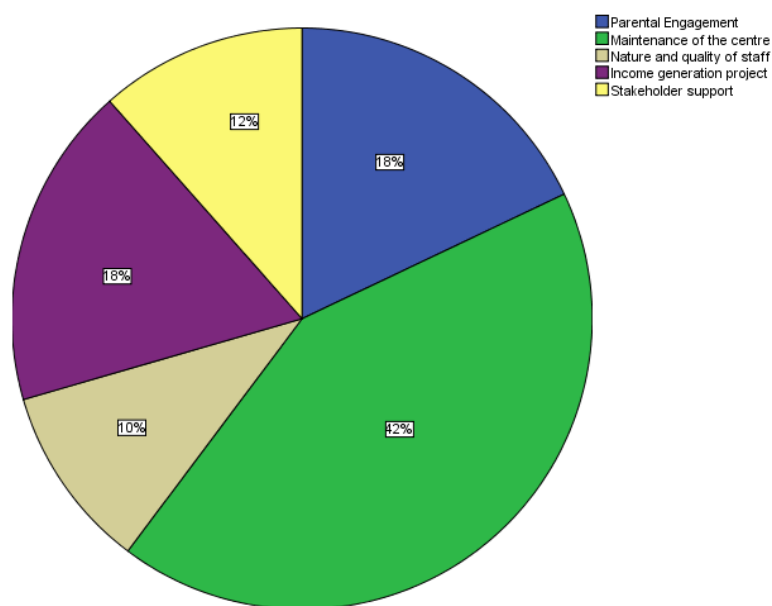


Figure 7: Sustainability activities

## 8.2 Attitudes of participants on the establishment and management of HBECD centres

All the participants supported the idea of having HBECD centres in their communities. This was driven by: their desire to reduce distances to schools, increase access to school for all learners including those with impairments, ensuring safety of children and active involvement of parents. Parents welcomed the idea of supporting HBECD centres financially, materially and supplying human resources based on needs. None saw it negatively as a burden. None also regarded it as a community income generating project. This finding contrasts with the long-held belief that parents do not value investment in ECD, regarding it to be a waste of resources (Chinhara, 2018). Participants therefore, understood the essence of HBECD centres.

The study attributed participants' positive attitudes towards HBECD centres to a number of factors. First, Zimbabwe's national ECD programme has always been the responsibility of the communities since its inception in terms of funding, providing facilities and play materials (Government of Zimbabwe, 2004; Dyanda et al., 2005). Parents are therefore used to supporting their ECD centres. Second, parents have some knowledge on the importance of early learning and providing access to all children (Chinhara, 2018). Third, parents also feel that they can share the task of taking care of their children together with teachers in inclusive HBECD centres because these are closer to them and provide opportunities for active participation

for them. Despite their poverty and limited know-how, parents expressed and pledged full support for the establishment of HBECD centres through concerted community efforts, and seeking donor help. They believed that regular training workshops with experts would help them resolve challenges they meet in the endeavour to facilitate growth.

## 8.3 Roles that participants indicated they could play in supporting HBECD centres

The study found that parents were very willing to play various roles in the establishment, resourcing, implementation and management of HBECD centres. Some offered to take up leadership roles while others offered to help with labour to maintain centre facilities, providing care and facilitating learning. Parents also upheld the need for nutrition in the centres and pledged community support in making food contributions and providing labour for meal preparations. Although they lamented having little knowledge, the parents also asserted that they are the primary caregivers and initial teachers of their children and felt confident to participate in a variety of HBECD centre activities based on interest, capacity to deliver as well as teaching. Dyanda (2021) suggests that ECD centres should not 'replace' parents with teachers but find ways of actively involving the latter to reduce parental anxiety and ensure continued support. African families have with their

children over time. This finding resonates well with the finding on primacy of culture in childrearing (Tafirenyika, Dyanda and Mararike, 2019) where refugee parents were found to raise their children the way they themselves were raised in their original sociocultural contexts. The study, therefore reveals the critical roles which parents play in the establishment and implementation of HBECD centres, hence the need to actively involve them at every stage and recognise their religio-cultural beliefs.

## 9 Conclusions of the Study

This study sought to explore the knowledge and attitudes of the stakeholders in communities towards the establishment of a home-based ECD model and the practices that can support it. It is concluded from the study that parents who participated in the research were very supportive of the idea of introducing HBECD centres to increase access and were ready to participate as teachers of their own children. It was also concluded that the driving motivation behind parents' support for inclusive home-based early learning centres was the possibility of ensuring child safety and guaranteed inclusion of disabled learners. Therefore, HBECD centres could be more inclusive than school-based ECD programmes due to proximity to families and active parental involvement.

Based on the finding that parents were ready and willing to manage and sustain HBECD centres, a lot of support is required to ensure that the parents and teachers are capacitated to become knowledgeable about what is involved in HBECD, particularly how they are organised and run as well as the resources required in terms of the curriculum. Parents, generally need to be conscientised on what is expected to be at Inclusive HBECD centres and how to run them. It would be unwise, therefore, to establish these without carrying out comprehensive community needs-driven training programmes for teachers and parents where sustainable development is the goal.

## 10 Recommendations

This study found that the parents in rural communities have a positive attitude towards the establishment of inclusive home-based early-learning centres in rural and marginalised communities. Based on the conclusions drawn from the study, researchers herein recommend that:

- the Ministry of Primary and Secondary Education needs to authorise the setting up of such centres in selected districts before scaling to other provinces.

- local school heads facilitate regular workshopping and training of parent teachers with the help of ECD experts at the local schools.
- current ECD policies be broadened to include the establishment and operation of HBECD centres, especially in rural and other marginalised areas;
- Ministry of Primary and Secondary Education provide teachers and other staff members in HBECD centres with curriculum documents, resource books and other relevant materials.
- the Ministry of Primary and Secondary Education should supervise the HBECD centres for standards by set by local educational and health authorities to ensure effectiveness.

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